

JAN 25 1941 757

Primary Registration District No. **3036**

Registrar's No. **211**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2017 N. Moore Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days **2**

8. (a) PRINT FULL NAME **Anna Susanna Heller**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Heller** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 23 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 13 hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **6**

12. Name **Joseph Langford** **9**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Malda Baedeker**

(b) Address **2017 N. Moore Ave, St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 9-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem. St. Charles**

18. (a) Signature of funeral director **H.C. Ballenger & Son Co.**

(b) Address **300 N. Second, St. Charles, Mo.**

19. (a) **12/9/40** (b) **Clarence B. Kessler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **2017 Moore Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**
year **1940** hour **7** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **May 20 - 1940**
to **Dec 16, 1940**
that I last saw him alive on **Dec 6, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Basal meningitis**
Return of blood

Due to _____

Due to _____

Other conditions **6**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **679**

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **T.H. Hardin** (M. D. or other) **1**

Address **St. Charles, Mo.** Date signed **12-7-40**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

John B. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address _____

St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.